

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT**2003**

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name

Ray Maple

Box 2. Beneficiary's Social Security Number

xxx-xx-xxxx

Box 3. Benefits Paid in 2003

\$7,056.00

Box 4. Benefits Repaid to SSA in 2003

Box 5. Net Benefits for 2003 (*Box 3 minus Box 4*)**\$7,056.00**

DESCRIPTION OF AMOUNT IN BOX 3

DESCRIPTION OF AMOUNT IN BOX 4

Box 6. Voluntary Federal Income Tax Withholding

Box 7. Address

123 Ash Street**Your Town, IL 00000**Box 8. Claim Number (*Use this number if you need to contact SSA.*)